Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990-EZ and its instructions is at *www.irs.gov/form990.*

OMB No 1545-1150

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning , 2013, and ending ,

B Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

C
MEDWAY COMMUNITY FARM, INC.
50 WINTHROP STREET
MEDWAY, MA 02053

D Employer identification number: 30-0516241

E Telephone number: 508-533-6426

F Group Exemption Number ►

G Accounting Method: [X] Cash [ ] Accrual Other (specify) ►

H Check ► [X] if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ► WWW.MEDWAYCOMMUNITYFARM.ORG

J Tax-exempt status (check only one) – [X] 501(c)(3) [ ] 501(c) ( ) ◄(insert no.) [ ] 4947(a)(1) or [ ] 527

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ► $ 191,361.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I [X]

REVENUE	1	Contributions, gifts, grants, and similar amounts received		1	12,502.
	2	Program service revenue including government fees and contracts		2	157,276.
	3	Membership dues and assessments		3	
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b	16,658.	
	c	Less. direct expenses from gaming and fundraising events	6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	16,658.
	7a	Gross sales of inventory, less returns and allowances	7a	425.	
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	425.
	8	Other revenue (describe in Schedule O) SEE SCHEDULE O		8	4,500.
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		► 9	191,361.
EXPENSES	10	Grants and similar amounts paid (list in Schedule O)		10	
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	393.
	16	Other expenses (describe in Schedule O) SEE SCHEDULE O		16	164,816.
	17	**Total expenses.** Add lines 10 through 16		► 17	165,209.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	26,152.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	28,043.
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20		► 21	54,195.

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BAA For Paperwork Reduction Act Notice, see the separate instructions.

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Part II Balance Sheets (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II [X]

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	36,114.	22	31,883.
23	Land and buildings	11,317.	23	11,585.
24	Other assets (describe in Schedule O) SEE SCHEDULE O	3,069.	24	22,227.
25	**Total assets**	50,500.	25	65,695.
26	**Total liabilities** (describe in Schedule O) SEE SCHEDULE O	22,457.	26	11,500.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	28,043.	27	54,195.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III [X]

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28	EDUCATION OF THE GENERAL PUBLIC IN THE MEDWAY, MA AREA REGARDING THE TOWNS NATURAL HABITATS AND FARM LAND AND HOW TO PROTECT AND CONSERVE THESE SITES (Grants $) If this amount includes foreign grants, check here ► [ ]	28a	152,906.
29	(Grants $) If this amount includes foreign grants, check here ► [ ]	29a	
30	(Grants $) If this amount includes foreign grants, check here ► [ ]	30a	
31	Other program services (describe in Schedule O) (Grants $) If this amount includes foreign grants, check here ► [ ]	31a	
32	**Total program service expenses** (add lines 28a through 31a) ►	32	152,906.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV [ ]

(a) Name and Title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JEANNE RAFFA PRESIDENT	0.5	0.	0.	0.
CAROL COLLORD TREASURER	0.5	0.	0.	0.
GEORGE J. VELLA, PHD CLERL	0.5	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V SEE SCHEDULE O [X]

			Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O		33		X
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		34		X
35 a Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		35 a		X
b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O		35 b		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III		35 c		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		36		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ►	37 a 0.			
b Did the organization file **Form 1120-POL** for this year?		37 b		X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		38 a		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38 b N/A			
39 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on line 9	39 a N/A			
b Gross receipts, included on line 9, for public use of club facilities	39 b N/A			
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► 0. ; section 4912 ► 0. ; section 4955 ► 0.				
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		40 b		X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ►	0.			
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ►	0.			
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		40 e		X

41 List the states with which a copy of this return is filed ► NONE

42 a The organization's books are in care of ► CAROL COLLORD Telephone no ► 508-533-6426

Located at ► 6 FERNDALE ROAD NORFOLK MA ZIP + 4 ► 02056

		Yes	No
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: ►	42 b		X
See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: ►	42 c		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here ► [ ] N/A and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 N/A

		Yes	No
44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a		X
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 b		X
c Did the organization receive any payments for indoor tanning services during the year?	44 c		X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? *If 'No,' provide an explanation in Schedule O*	44 d		
45 a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	45 a		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45 b		X

		Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	46		X

Part VI **Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

		Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	47		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48		X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b If 'Yes,' was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over $100,000 ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving ove

52 Did the organization complete Schedule A? **Note.** All section 501(c charitable trusts must attach a completed Schedule A

Under penalties of perjury, I declare that I have examined this return, including accompanying schedu true, correct, and complete Declaration of preparer (other than officer) is based on all informa

Sign Here

► Carol A Collord
Signature of officer

► CAROL A Collord, Treasurer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature
MARK O'REILLY	MARK O'REILL

Firm's name ► RICHARDSON & COMPANY, P.C.
Firm's address ► 165 VILLAGE STREET
MEDWAY, MA 02053

May the IRS discuss this return with the preparer shown above? See ins

Name of the organization: MEDWAY COMMUNITY FARM, INC.

Employer identification number: 30-0516241

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO CREATE A PLACE THAT ENHANCES MEDWAY'S RURAL CHARACTER, FOSTERS COMMUNITY SPIRIT AND ENCOURAGES "LEARNING FROM THE LAND" BY PROVIDING LOCALLY GROWN FOOD, VOLUNTEER EXPERIENCES, EDUCATIONAL PROGRAMS AND PUBLIC EVENTS

Name of the organization: MEDWAY COMMUNITY FARM, INC.

Employer identification number: 30-0516241

FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? NO

CLIENT MEDFARM MEDWAY COMMUNITY FARM, INC. 30-0516241

2/20/15 10:51AM

FORM 990-EZ, PART I, LINE 8
OTHER REVENUE

RENTAL ACTIVITY		$ 4,500.
	TOTAL	$ 4,500.

FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

5K EXPENSE		$ 817.
ADVERTISING AND PROMOTION		4,163.
DEPRECIATION		11,142.
EDUCATION EXPENSE		77.
EQUIPMENT COSTS		5,148.
FARM LABOR		96,446.
GREENHOUSE EXPENSES		2,456.
INSURANCE		3,197.
MASS ANNUAL REPORT		15.
MASS FORM PC		35.
MISCELLANEOUS ADMIN EXPENSE		155.
OFFICE EXPENSES		751.
PRODUCE PURCHASES		6,550.
REPAIRS AND MAINTENANCE		200.
SEEDS AND SUPPLIES		18,558.
SOIL PREPARATION		7,868.
TOOLS AND SUPPLIES		136.
UTILITIES		6,742.
WEBSITE HOSTING		360.
	TOTAL	$ 164,816.

FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	BEGINNING	ENDING
MACHINERY AND EQUIPMENT	$ 3,069.	$ 22,227.
TOTAL	$ 3,069.	$ 22,227.

FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	BEGINNING	ENDING
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	$ 4,957.	$ 0.
SECURED MORTGAGES AND NOTES PAYABLE	17,500.	11,500.
TOTAL	$ 22,457.	$ 11,500.